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TRANSMITTAL FORM  (to be used for all correspondence after initial filing	Application Number Filing Date First Named Inventor	ection of information unless it displays a valid OMB control number 10/696,173 28 October 2003 Charles R. BRIDGES 3762 Leslie R. Deak
Total Number of Pages in This Submission 36	Attorney Docket Numbe	E0615-00061
Fee Transmittal Form	ENCLOSURES (Check all	After Allowance Communication to a Technology Center (TC)
Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement	Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s)  Remarks	Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information
	RE OF APPLICANT, ATTO	RNEY, OR AGENT
Gary D. Colby, Reg. No. 40,9 ndividual signature Date  28 November 2005	61	
<u></u>	TIFICATE OF TRANSMISS	ONUMATICAL

Typed or printed name Gery D. Cilly
Signature Date 23 Nav 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

NOV . 2 8 200! U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/696,173 **Application Number** FEE TRANSMITTA Filing Date 28 October 2003 For FY 2005 First Named Inventor Charles R. BRIDGES **Examiner Name** Leslie R. Deak ✓ Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3762 **TOTAL AMOUNT OF PAYMENT** (\$) 815Attorney Docket No. E0615-00061 METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 04-1679 Deposit Account Name: Duane Morris LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES \ **EXAMINATION FEES** SEARCH FEES Small Entity/ Small Entity **Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 130 100 50 65 Plant 200 100 300 160 80 150 Reissue 300 600 150 500 250 300 0 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) **Fee Description** Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Multiple Dependent Claims** Fee Paid (\$) **Total Claims** Extra Claims Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee Paid (\$) Indep. Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets Extra Sheets** Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: \$65 late oath or declaration Surcharge + \$750 Petition Fee (Revival)

SUBMITTED BY Registration No. Telephone 215-979-1849 Signature Date 23 November 2005 Name (Print/Type) Gary D. Colby

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